

ACTIVE DUTY REPORT

Privacy Act Statement

AUTHORITY: 10 USC 275, EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Used to report items of information to individuals reporting for active duty. Also used to compute date of rank for officers and warrant officers ordered to active duty for 12 or more months.

ROUTINE USES: Information is used to report periods of active duty and physical condition upon entry and release from active duty. Medical statement is used to identify defects or conditions which have arisen since the member was last medically examined. If any significant changes are noted, the member is given a medical examination. The SSN is used to identify the member.

Voluntary; however, if an individual refuses to complete ITEM 15, he/she will be scheduled for a medical examination.

1. RESERVE COMPONENT (*X one*)

☐ ARNGUS

☐ ANGUS

☐ USAR

☐ AFRES

2. DATE (YYMMDD)

3. TO (*Appropriate Military Department*)

4. FROM (*Initial Active Duty Station*)

5. NAME (*Last, First, MI*)

6. SSN

7. GRADE OR RANK

8. BRANCH OF ARMED SVC

9. RETIREMENT YR ENDING

10. EFFECTIVE DATE OF ENTRY ON ACTIVE DUTY (*Determined by personnel officer at first duty station IAW criteria outlined in AR 37-104 or AFR 35-3*)

YEAR

MONTH

DAY

11. REPORTING DATE (*Date specified in orders or the actual reporting date if later than date specified*)

12. DATE DEPARTED FROM DUTY STATION TO HOME

13. AUTHORITY FOR ACTIVE DUTY

ORDERS NO. _____

PARAGRAPH NO. _____

DATED _____

(YYMMDD)

HQ _____
(*Designation and location of HQ issuing orders*)

14. LENGTH OF TOUR (*Less than 90 days if ARNGUS or USAR*)

15. STATEMENT OF PHYSICAL CONDITION (*In lieu of medical examination*)

I, the undersigned, underwent a complete medical examination for military service on or about _____
which was accomplished at _____

(YYMMDD)

(*Name and location of hospital or medical treatment facility*)

and since that time:

☐ I have not been treated by clinics, physicians, healers or other practitioners.

☐ I have been treated by _____ during the period from _____

(*Name of physician*) (*Last, First, MI*)

(YYMMDD)

to _____ for _____
(YYMMDD) (*Description of injury or illness*)

☐ I was hospitalized in _____
(*Name and location of hospital or medical treatment facility*)

The attending physician was _____
(*Last, First, MI*)

Diagnosis was _____
(*Description of injury or disease*)

☐ I do ☐ do not believe that I am now medically qualified to perform satisfactory military service.

Date _____ Signed _____
(YYMMDD)

16. (ARMY USE ONLY) Upon mobilization this item will be filled in for members of units of reserve components of the Army and copies of orders will be attached to this form.

Entered on active duty as a member of _____
(*Unit and unit home station*)

Ordered to active duty from _____
(*Home of record or home address*) (*Include ZIP code*)

17. (ARMY USE ONLY) DA FORM 67-8 (US Army Officer Evaluation Report) OR DA FORM 1059 (Academic Evaluation Report)

PREPARED AND FORWARDED:

<input type="checkbox"/> YES, FORWARDED TO _____	DATE _____
<small>(Address of Reserve or NG unit) (Include ZIP Code)</small>	
<input type="checkbox"/> NO, REPORT WILL BE FORWARDED ON OR ABOUT _____	
<small>(YYMMDD)</small>	
<input type="checkbox"/> NOT APPLICABLE	

18. (ARMY USE ONLY) **DATE OF RANK** (YYMMDD) (For officers and warrant officers ordered to active duty for 12 or more months, enter computation below)

19a. TYPED NAME OF ADJUTANT OR OTHER OFFICER REPRESENTING COMMANDER (Last, First, MI)	b. GRADE OR RANK	c. SIGNATURE
--	---------------------	--------------

20. ENCLOSURES (List enclosures, if any)

21. REMARKS (Explain reason for delay, if any, in complying with orders)